

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2011

FORM APPROVED

OMB NO. 0938-0391

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|---|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155695 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 12/20/2011 | |
| NAME OF PROVIDER OR SUPPLIER RIVERSIDE VILLAGE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1400 W FRANKLIN ST ELKHART, IN46516 | | | |
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| F0000 | <p>This visit was for the Investigation of Complaint IN00100973.</p> <p>Complaint IN00100973- Substantiated. Federal/state deficiencies related to the allegations are cited at F 282 and F312</p> <p>Survey dates: 12/19-20/11</p> <p>Facility number: 003075 Provider number: 155695 AIM number: 200364160</p> <p>Survey team: Ellen Ruppel, RN</p> <p>Census bed type: SNF/NF: 87 Total: 87</p> <p>Census payor type: Medicare: 11 Medicaid: 63 Other: 13 TOTAL: 87</p> <p>Sample: 4 Supplemental sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> | | | F0000 | <p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review certification of compliance on or after 01/19/2012.</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F0282 SS=E | <p>Quality review completed 12/21/11 Cathy Emswiller RN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observations, record review and interviews, the facility failed to provide nail care for 3 of 4 residents in a supplemental sample. Residents F, G and H.</p> <p>Findings include:</p> <p>Observation of fingernails of Residents F, G and H, between the 9:35 a.m. and 10:00 a.m., on 12/20/11, with the Director of Nursing (DoN) indicated the three residents had long jagged nails with brownish substances beneath the nails. During interview at that time, the three residents were identified by the DoN as dependent for nail care.</p> <p>The clinical record of resident's F, G, and H were reviewed on 12/20/11 at 10:15 A.M. The current care plans of each resident and the information on the care plan sheet [a form used by the facility staff to identify care the resident's</p> | F0282 | <p>F282 – Services by Qualified Persons</p> <p>It is the practice of this provider that services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></p> <p><i>Resident F, G, H – received nail care that included both cleaning and trimming of fingernails.</i></p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</i></p> <p>All residents have the potential to be affected by this finding. A facility inspection of resident nails will be conducted on each resident's next scheduled shower day. Any resident identified as being in need of nail care will receive it at the time noted. The Nurse Management Team is responsible for conducting this inspection.</p> | 01/19/2012 | |

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| | <p>required], dated 12/16/11, indicated resident's F, G, and H needed assistance for activities of daily living activities.</p> <p>This federal tag relates to complaint IN00100973.</p> <p>3.1-35(g)(2)</p> | | | | <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></p> <p>A mandatory nursing in-service will be held on 1/17/2011. This in-service will include review of the facility policy related to bathing and ADL care. This in-service will also review routine nail care during scheduled showers as well as on an as needed basis. The DNS/SDC/designee will be responsible for conducting the in-service. In addition, the DNS/ADNS/Charge Nurse or designee will be responsible for inspecting resident's fingernails on assigned shower days as well as during routine nursing rounds. Any resident identified as being in need of nail care will receive it at the time noted.</p> <p><i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur ie., what quality assurance program will be put into place:</i></p> <p>To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for completion of the CQI Audit Tool titled, "Nursing Rounds" twice weekly for 3 weeks, once weekly for 3 weeks and monthly for 5 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> | | |

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| F0312 SS=E | <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observations, interviews and record review, the facility failed to ensure one resident in a sample of four received services to maintain personal hygiene (baths/showers) and three of four in a supplemental sample received nail care. Resident E and supplemental sampled Residents F, G and H.</p> <p>Findings include:</p> <p>1. The clinical record of Resident E was reviewed, on 12/19/11 at 12:45 p.m., and indicated the resident had been admitted to the facility on 1/19/10, with diagnoses including, but not limited to: seizures, Crohn's disease and atrial fibrillation. The record indicated he had been re-admitted 11/16/11 following the repair of a fractured left hip</p> <p>The Minimum Data Set (MDS) assessments, dated 9/14/11 and 11/28/11, indicated he was confused, in need of 2 staff members for extensive transfer assistance, totally dependent on one person for bathing and unsteady of balance. The care plan indicated he was</p> | | | F0312 | <p>By what date the systemic changes will be completed: Compliance Date = 1/19/12.</p> <p>F312 – ADL Care Provided for Dependent Residents It is the practice of this provider that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: <i>Resident E: has been receiving showers as scheduled. This resident experienced no negative outcome as a result of this finding.</i> <i>Resident F, G, H – received nail care that included both cleaning and trimming of fingernails.</i> How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected by this finding and will be identified through a facility audit. This audit will include review of each resident's current ADL Records to determine any missed showers or baths. In addition, a facility wide inspection of resident nails will be conducted on each resident's next</p> | | 01/19/2012 |

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| | <p>to receive showers twice weekly, on the day shift on Mondays and Thursdays</p> <p>Review of the shower/bath records for Resident E indicated during the period from 10/1/11 to 12/19/11, he had "missed" five baths or showers. There was no documentation to indicate he had refused on 10/13/11, 10/17/11, 10/31/11, 11/28/11 or 12/8/11. Either partial baths or no record of any bath/shower had been recorded all other days.</p> <p>During an interview with a family member, on 12/20/11 at 9:30 a.m., the family member indicated the family had been concerned and expressed the concerns about the showers/baths and general cleanliness of Resident E, on 11/28/11. The family member indicated the situation improved for a while, but then he became concerned again.</p> <p>The resident was observed, on 12/19/11, following the scheduled Monday shower at 1:00 p.m. He was clean and neat at the time.</p> <p>During an interview with the Director of Nursing (DON) on 12/20/11 at 11:30 a.m., she indicated the facility's policy related to the specific number of showers/baths was for each resident to have two showers/baths a week.</p> | | | <p>scheduled shower day. Any resident identified as being in need of personal hygiene assistance or nail care will receive it at the time noted. In addition, the current facility shower schedule will be reviewed and updated to ensure shower days/times are appropriate and acceptable to residents and to ensure showers are being given as scheduled.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>A mandatory nursing in-service will be held on 1/17/2011. This in-service will include review of the facility policy related to bathing and ADL care such as personal hygiene and routine nail care. The DNS/SDC or designee will be responsible for conducting this mandatory in-service. The Nurse Management Team will review all shower sheets during the morning meeting to ensure showers and nail care is completed per updated shower schedule and per each resident's individual preference and plan of care.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur ie., what quality assurance program will be put into place:</p> <p>To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for</p> | | | |

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